

## LSC Documentation & Record Review

<b>1</b>	<b>AUTOMATIC SPRINKLER SYSTEM – K56 Installation / K62 Maintenance</b>											
<input type="checkbox"/>	Annual Servicing Report of Automatic Sprinkler System: Date: _____ Company: _____											
<input type="checkbox"/>	Indicate when <b>annual &amp; quarterly</b> testing of Automatic Sprinkler System was completed:											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<input type="checkbox"/>												
<input type="checkbox"/>	5 year obstruction inspection report (Wet):						Date Performed: _____			Due: _____		
<input type="checkbox"/>	15 year obstruction inspection report (Dry):						Date Performed: _____			Due: _____		
<b>2</b>	<b>AUTOMATIC/MANUAL FIRE ALARM SYSTEM – K51</b>											
<input type="checkbox"/>	Annual Servicing Report of Automatic Fire Alarm System: Date: _____ Company: _____											
<input type="checkbox"/>	Nuisance log. Records of detector-caused nuisance alarms & subsequent trends of these alarms shall be maintained.											
<b>3</b>	<b>FIRE EXTINGUISHERS – K64</b>											
<input type="checkbox"/>	Annual Servicing Reports    Date Performed: _____    Company: _____											
<input type="checkbox"/>	Monthly inspections by maintenance (may be on extinguishers)											
<b>4</b>	<b>GENERATOR – K144</b>											
<input type="checkbox"/>	Annual Servicing Report –    Date Performed: _____    Company: _____											
<b>5</b>	<b>EMERGENCY BATTERY POWER BACKUP LIGHTING – K46</b>											
<input type="checkbox"/>	Maintenance Documentation – Log of monthly 30 second & annual 90 minute testing (including generator E-light test)											
<b>6</b>	<b>EMERGENCY PLAN/ DISASTER PLAN – K48, K155, K154</b>											
<input type="checkbox"/>	Copy of the facility’s FIRE PLAN (must meet the 8 requirements of NFPA 101)											
<input type="checkbox"/>	Access to the facility’s EMERGENCY PLAN (does not have to place in this binder)											
<input type="checkbox"/>	Training schedule for staff related to Emergency Preparedness (Examples: Fire / Disaster / Evacuation )											
<b>7</b>	<b>FIRE DRILLS – K50</b>											
<input type="checkbox"/>	Drill reports with <u>signatures of participants</u> :											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	06 D											
	<i>Drill Forms shall include: Time, Date, Shift, Location, Initial Method, Silent vs. Audible and Validations of Signal Output</i>											
<b>8</b>	<b>KITCHEN SUPPRESSION SYSTEM – K69</b>											
<input type="checkbox"/>	Semi-Annual Cleaning Reports (2 reports) –    Date Performed: _____						Date Performed: _____					
<input type="checkbox"/>	Last full service inspection of Hood Suppression System – Date Performed: _____						Company: _____					
<b>9</b>	<b>POLICIES/PROCEDURES/PROTOCOLS</b>											
<input type="checkbox"/>	<input type="checkbox"/> Fire Watch (Fire Alarm & Sprinkler System)						<input type="checkbox"/> Smoking (Smoking Campus or Nonsmoking Campus)					
<b>10</b>	<b>MEDICAL GAS SYSTEM (if applicable)</b>											
<input type="checkbox"/>	Service Report Med-Gas System :						Date: _____			Company: _____		

1. Always check service reports for comments &/or deficiencies. If any comments or deficiencies are noted, have documentation that items were addressed, and keep them under the appropriate tab.
2. Always be sure you receive “reports” of services performed. Statements & invoices are not acceptable forms of documentation and will be cited as a deficiency.
3. This list is not all inclusive. Additional documents may be requested by the State Agency.
4. Waivers utilized by the facility must be presented to the State Agency during the entrance interview.